

Student Health And Risk Prevention



2005 SHARP Survey Prevention Needs Assessment (PNA) Results

Hispanic Students Profile Report

State of Utah

Department of
Human Services

Division of Substance
Abuse and Mental
Health

Report Prepared By:

Bach Harrison, L.L.C.
116 South 500 East
Salt Lake City,
Utah 84102
Phone: 801-359-2064

The PNA survey was supported by the Utah State Incentive Cooperative Agreement (SICA) Project through funding provided by the Federal Center for Substance Abuse Prevention

Introduction

2005 Hispanic Students Prevention Needs Assessment Survey Report

This report summarizes the findings from the Utah 2005 Prevention Needs Assessment (PNA) Survey that was conducted as part of the Student Health and Risk Prevention (SHARP) Statewide Survey. The survey was administered to students in grades 6, 8, 10 and 12 in 38 school districts across Utah.

The 2005 results for your community are presented along with comparisons to the 2003 SHARP Survey results, where applicable. The survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors.

Table 1 contains the characteristics of the students who completed the survey from your district. The survey was a cooperative effort of the Utah State Office of Education, Department of Health, Division of Substance Abuse and Mental Health, and Bach Harrison, L.L.C.

Contents:

Introduction

How to Read the Charts

Data Charts:

- Substance Use, Need for Treatment, and Antisocial Behavior
- Risk & Protective Factor Profiles

The Risk and Protective Factor Model

Practical Implications of the PNA

Tools for Assessment and Planning

Risk and Protective Factor Scale Definitions

Data Tables

Contacts for Prevention

Changes Made to the PNA Survey for 2005

Several changes in the PNA survey administration and content were made since 2003. In 2003, the survey was administered to two groups of students, those in middle school (grades 6 - 8) and those in high school (grades 9 - 12), and there were enough students sampled to provide reports at the DSAMH Local Authority level. In 2005, the PNA survey was administered to the even grades, (6, 8, 10, and 12) and enough students were sampled to provide reports at the school district level by grade. For statewide and DSAMH Region analyses, the data are weighted by school district and grade. Thus, for Regions with more than one school district, each school district's contribution to the results is proportionate to their student population.

In order to provide comparisons between the results from 2003 and those from 2005, students in even grades who completed the 2003 survey were compared to students in the even grades who completed the survey in 2005. There are generally enough students from 2003 to make comparisons, since many school districts in 2003 oversampled students in the even grades.

For 2005, the PNA survey was changed to make it shorter, provide an estimate of the need for alcohol and drug treatment, and provide a measure of students' perception of substance use among their peers. To make the survey shorter, all of the questions that were not part of core survey that included ATOD use, antisocial behavior, risk factors, and protective factors were eliminated. Also, several scales where information could be more easily obtained from other sources or that measured the same construct as another scale were eliminated.

Table 1. Characteristics of Participants

Student Totals						
Total Students	Student 2003		Student 2005		State 2005	
	Number	Percent	Number	Percent	Number	Percent
	1747	100	4185	100	46527	100
Grade						
6	686	39.3	1425	34.1	13702	29.4
8	503	28.8	1244	29.7	13014	28.0
10	329	18.8	948	22.7	11558	24.8
12	229	13.1	568	13.6	8253	17.7
Gender						
Male	794	46.1	1942	47.1	22269	48.5
Female	930	53.9	2182	52.9	23673	51.5
Ethnicity						
Native American	0	0.0	0	0.0	1377	3.0
Asian	0	0.0	0	0.0	872	1.9
African American	0	0.0	0	0.0	539	1.2
Pacific Islander	0	0.0	0	0.0	645	1.4
Hispanic	1747	100	4185	100	4185	9.1
White	0	0.0	0	0.0	36084	78.8
Multi-racial or Other	0	0.0	0	0.0	2083	4.5

How to Read the Charts in this Report

There are three types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, and 3) protective factor charts. All the charts show the results from the 2005 PNA Survey compared to the 2003 results. The actual percentages from the charts are presented in Tables 3 through 10 at the end of this report.

Substance Use and Antisocial Behavior Charts

These charts contain information about alcohol, tobacco and other drug use (referred to as ATOD use throughout the report) and other problem behaviors of students. The bars on each chart represent the percentage of students in the selected grades who reported the behavior. For example, for the overall state, approximately 40 percent of students in grade 12 reported that they 'ever used alcohol'. This means that 40 percent of the high school students reported that they had tried alcohol at least once in their lifetime. The four sections in the ATOD charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the level of experimentation with a particular substance.
- **30-day use** is a measure the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indication of the level of current use of the substance.
- **Heavy use** includes **binge drinking** (having five or more drinks in a row during the two weeks prior to the survey), use of **one-half a pack or more of cigarettes per day, and need for alcohol, drug, or alcohol or drug treatment**. The need for treatment is defined as students who have used alcohol or drugs on ten or more occasions in their lifetime and marked three or more of the following six items related to their past year drug or alcohol use: 1) spent more time using than intended, 2) neglected some of your usual responsibilities because of use, 3) wanted to cut down on use, 4) others objected to your use, 5) frequently thought about using, 6) used alcohol or drugs to relieve feeling such as sadness, anger, or boredom. Students could mark whether these items related to their drug use or their alcohol use.

- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **during the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall Utah State average for each behavior for all of the youth in each grade who participated in the 2005 PNA survey. The dots allow a community to compare the results from their youth to youth throughout the state. Information about other students in the state can be helpful in determining the seriousness of a given level of problem behavior. For example, if the percentage of students in your community engaging in a problem behavior is significantly higher than the state average, it is most likely that an intervention is needed.

Risk and Protective Factor Charts

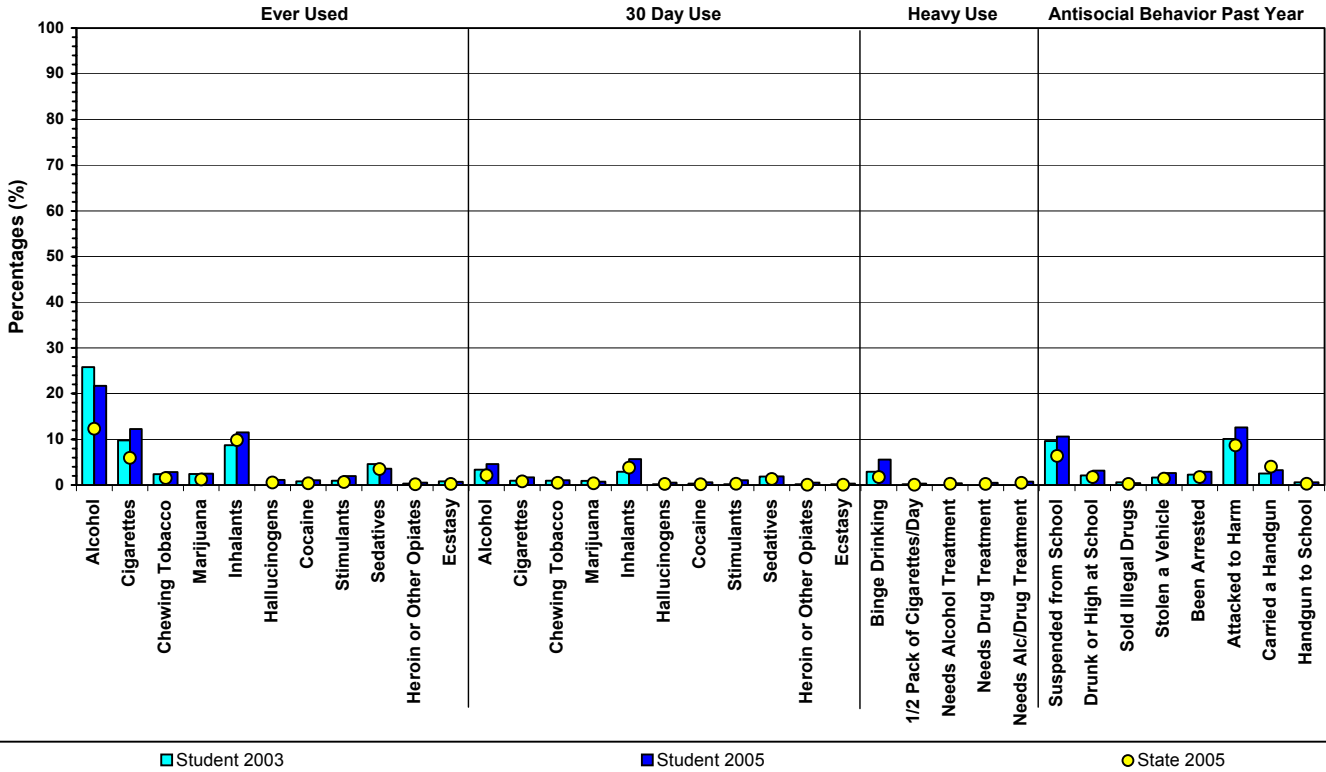
In order to make the results of the 2005 PNA Survey more useable, risk and protective profiles were developed that show the percentage of youth at risk and the percentage of youth with protection on each scale. The profiles allow comparisons between the results from your district and the results from the overall state shown by dots. A comparison can also be made to a more national sample shown by the dashed line. As with the **Substance Use and Antisocial Behavior Charts**, the dots show the overall average of all youth who were surveyed in Utah. The dashed line on each risk and protective factor chart represents the percentage of youth at risk or with protection for the seven-state sample upon which the cut-points were developed. The seven states included in the norm group were Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington. All the states have a mix of urban and rural students. Additional information about the cut-points, dots, and dashed lines can be found in the **Utah Prevention Needs Assessment Student Survey: State Report 2005**.

Again, brief definitions of the risk and protective factor scales are provided in Table 2 following the profile charts.

For more information about risk and protective factors, please refer to the resources listed on the last page of this report under **Contacts for Prevention**.

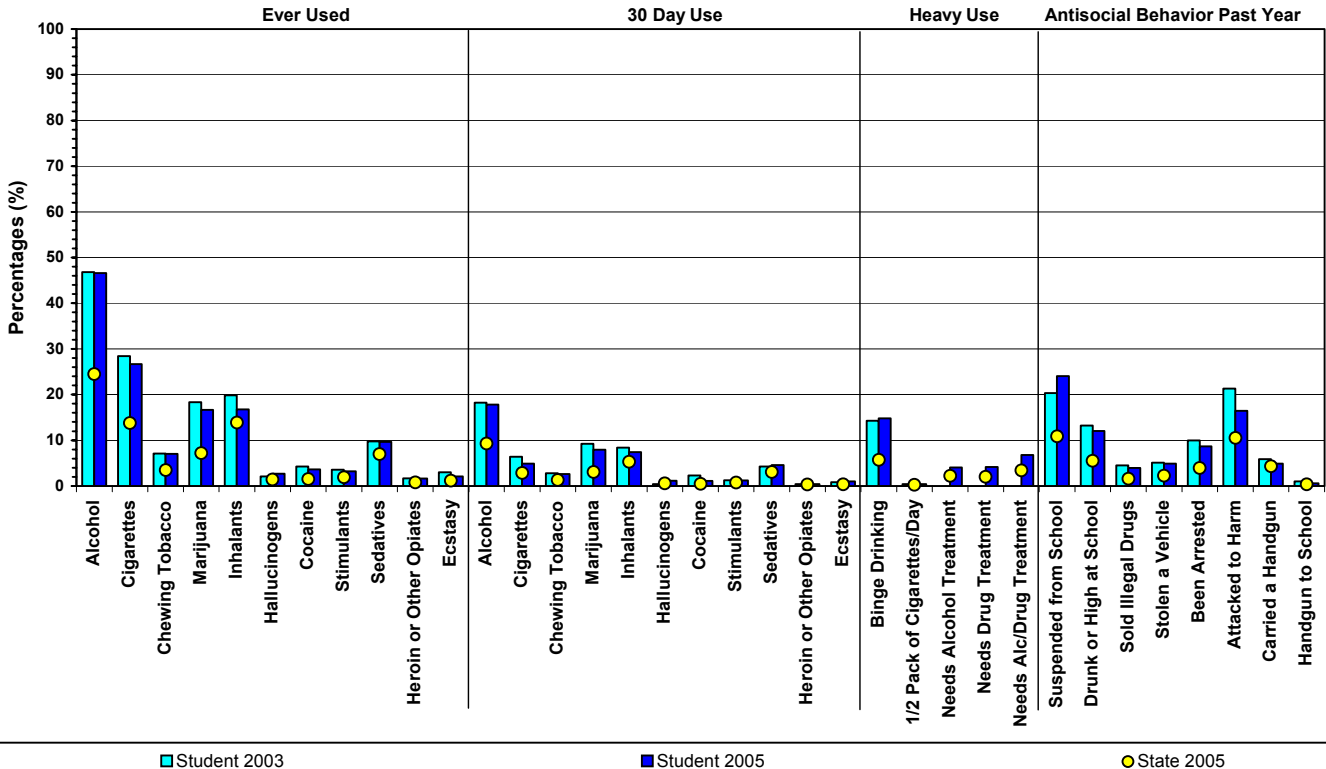
ATOD USE AND ANTISOCIAL BEHAVIOR

2005 Hispanic Students, Grade 6



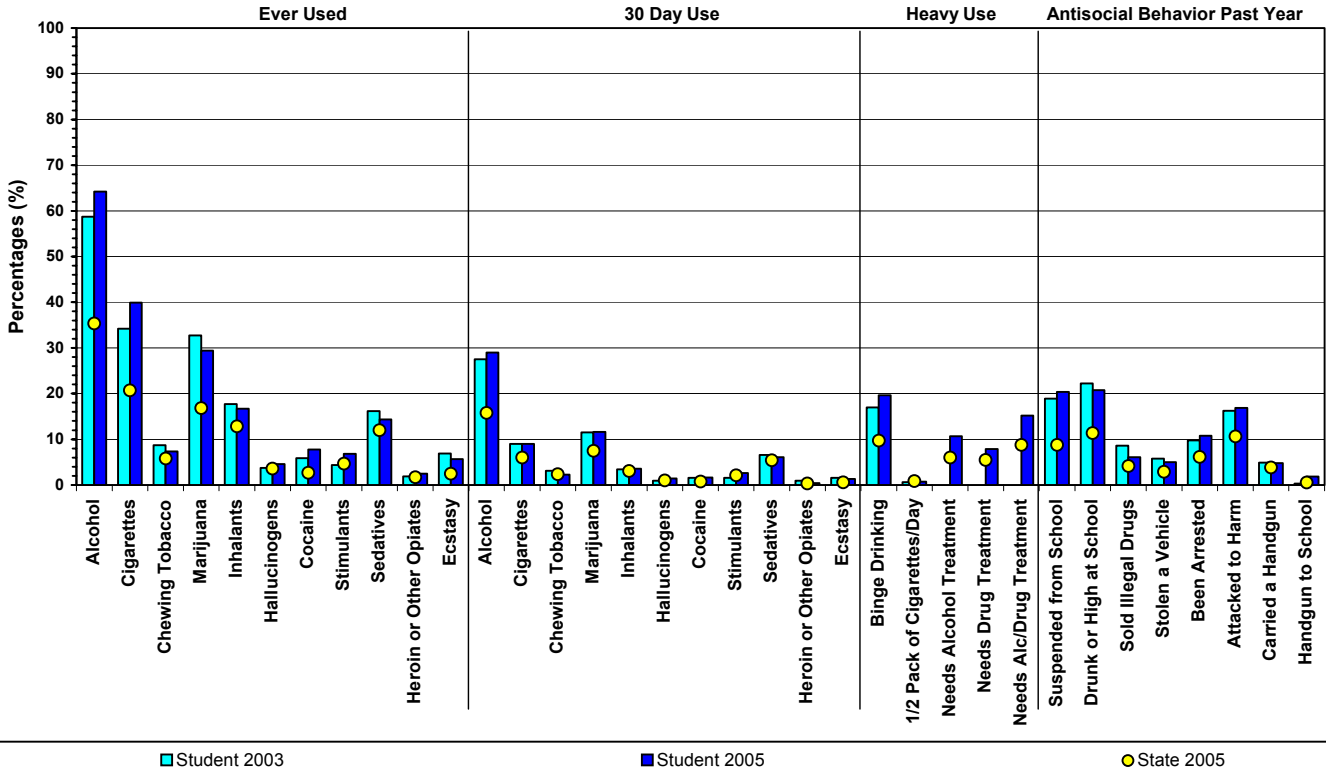
ATOD USE AND ANTISOCIAL BEHAVIOR

2005 Hispanic Students, Grade 8



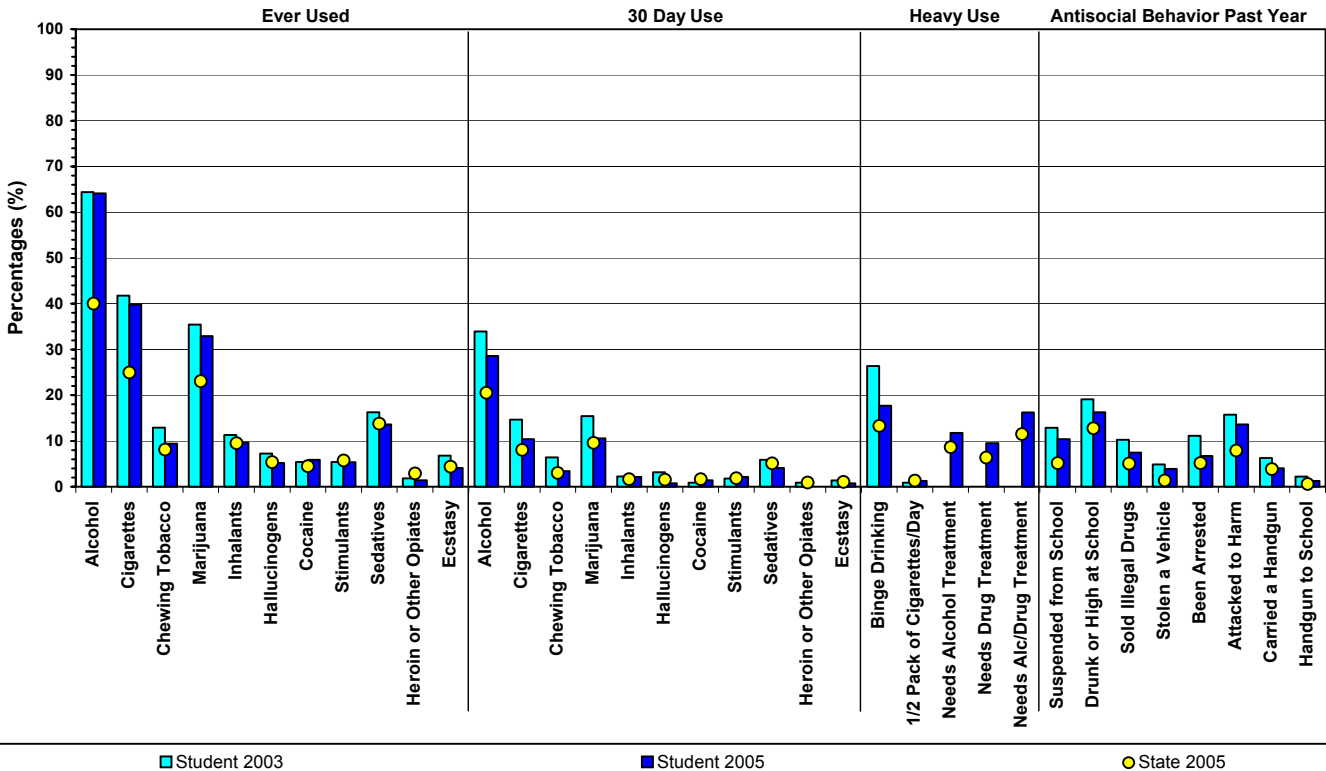
ATOD USE AND ANTISOCIAL BEHAVIOR

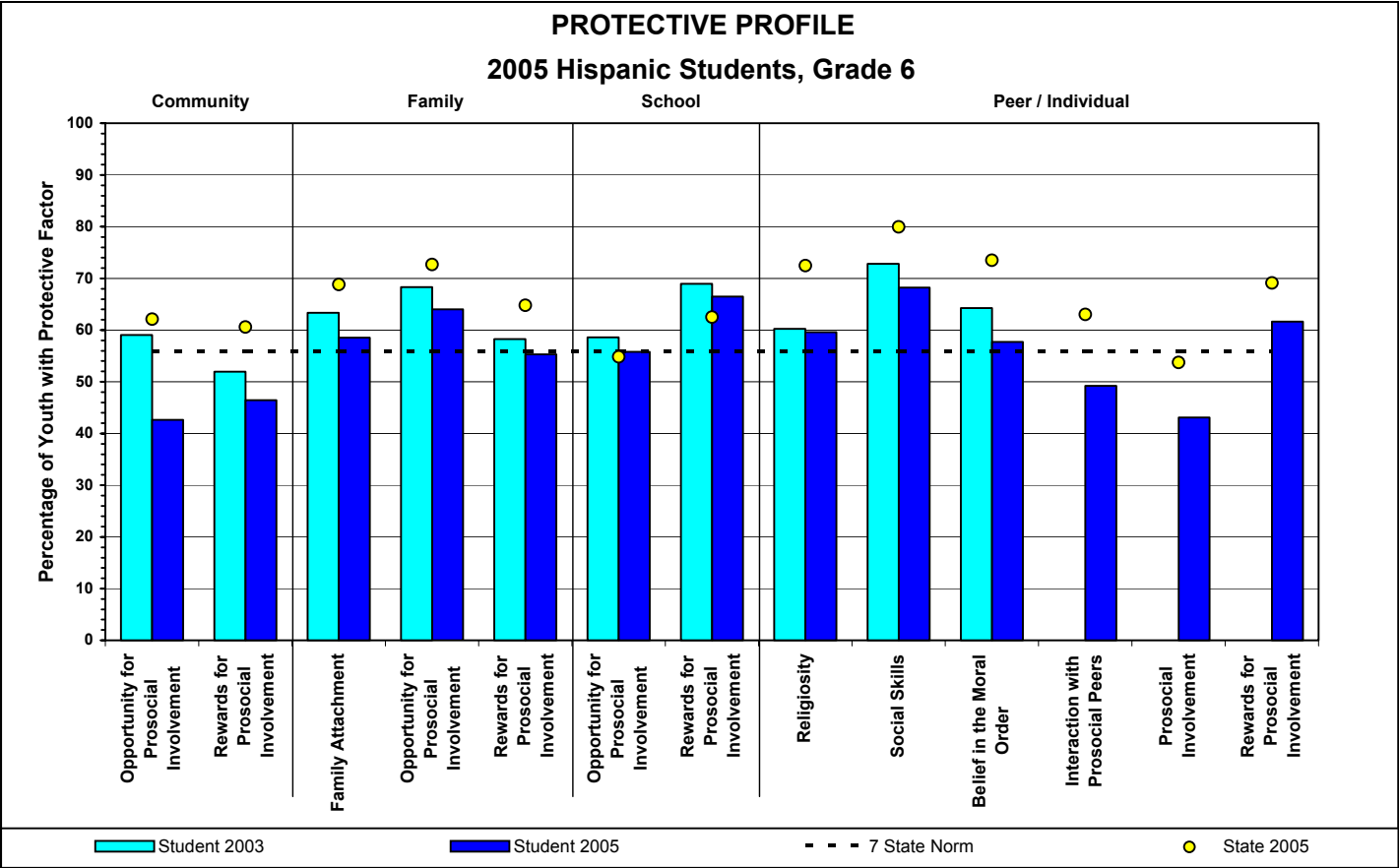
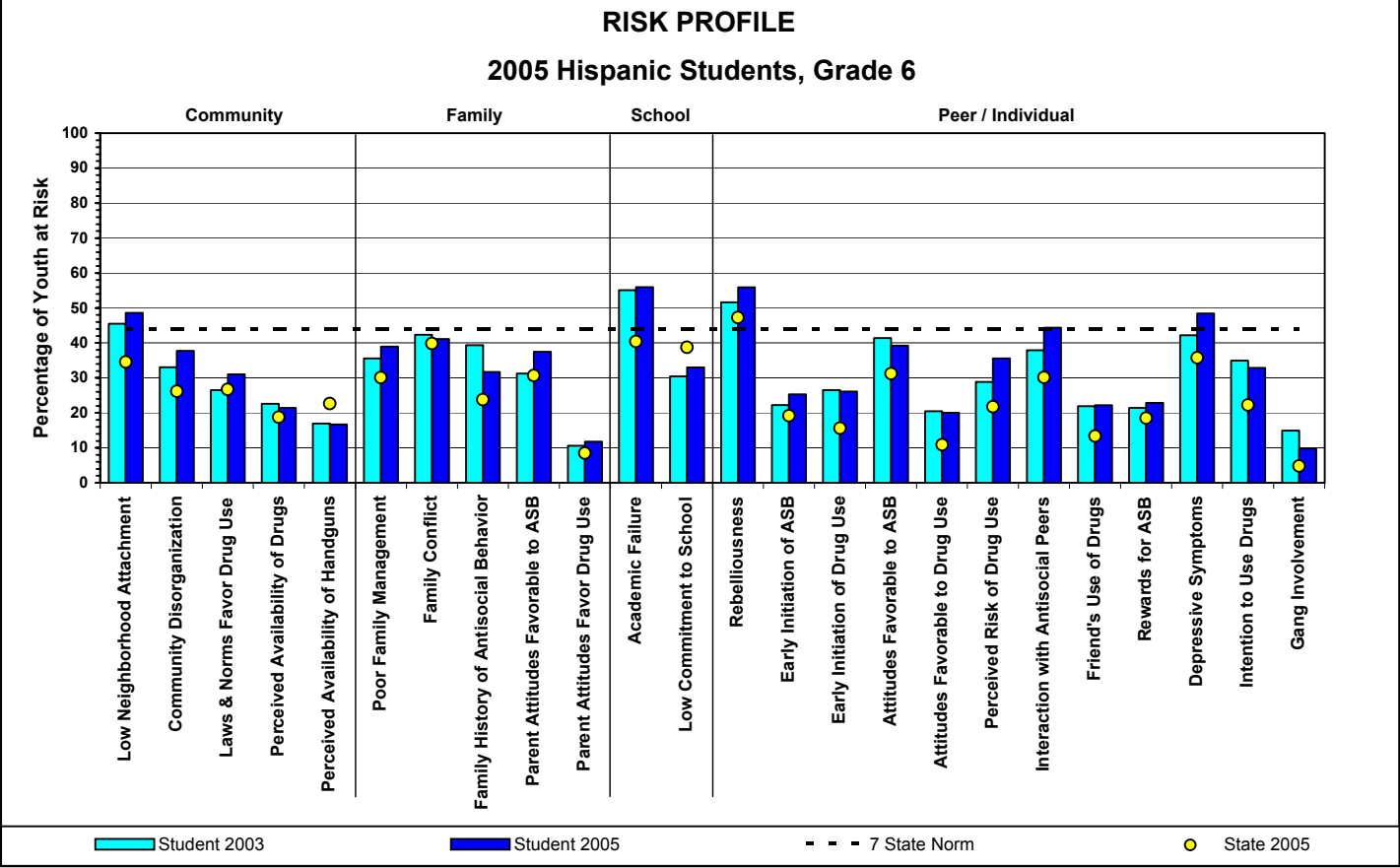
2005 Hispanic Students, Grade 10

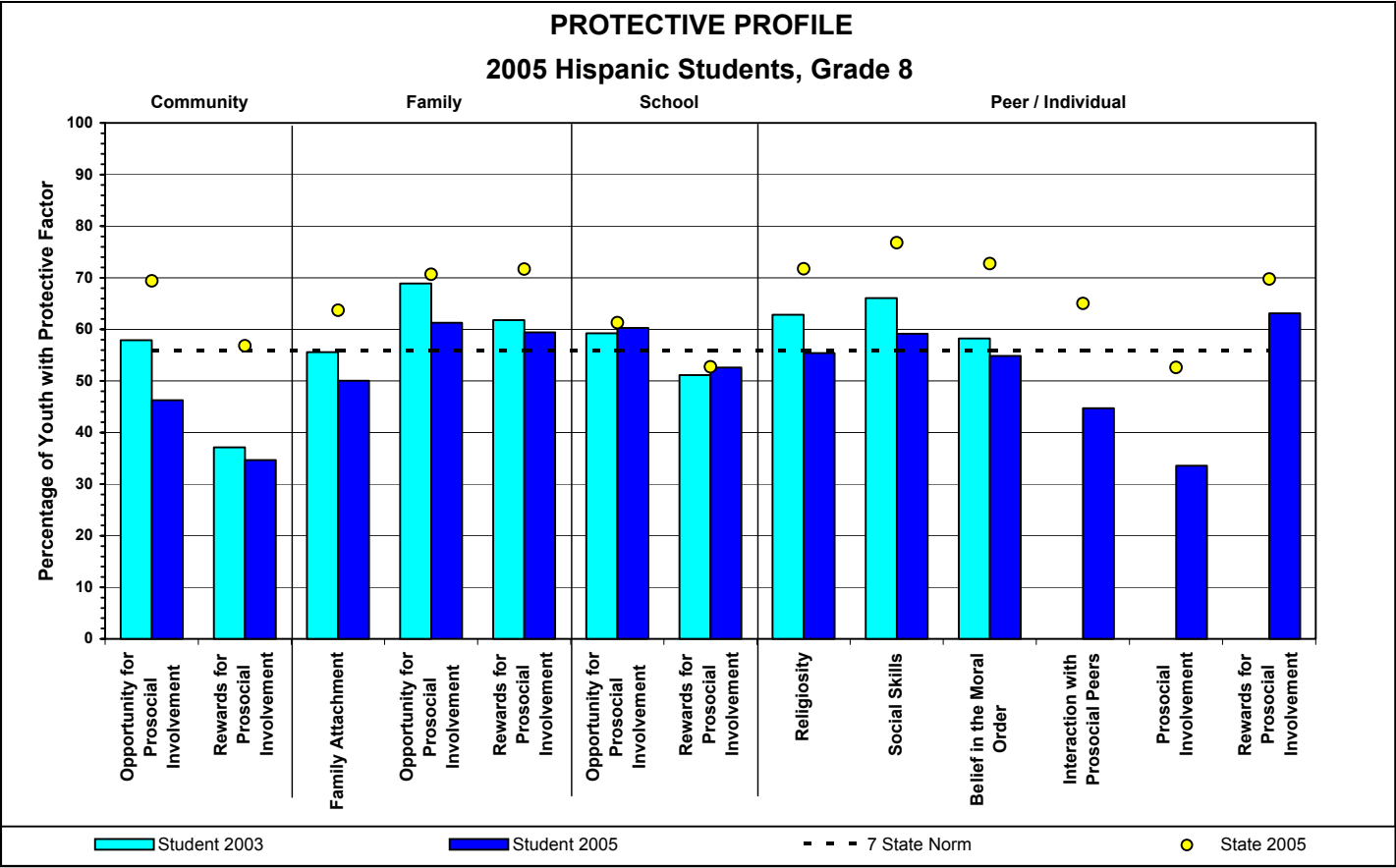
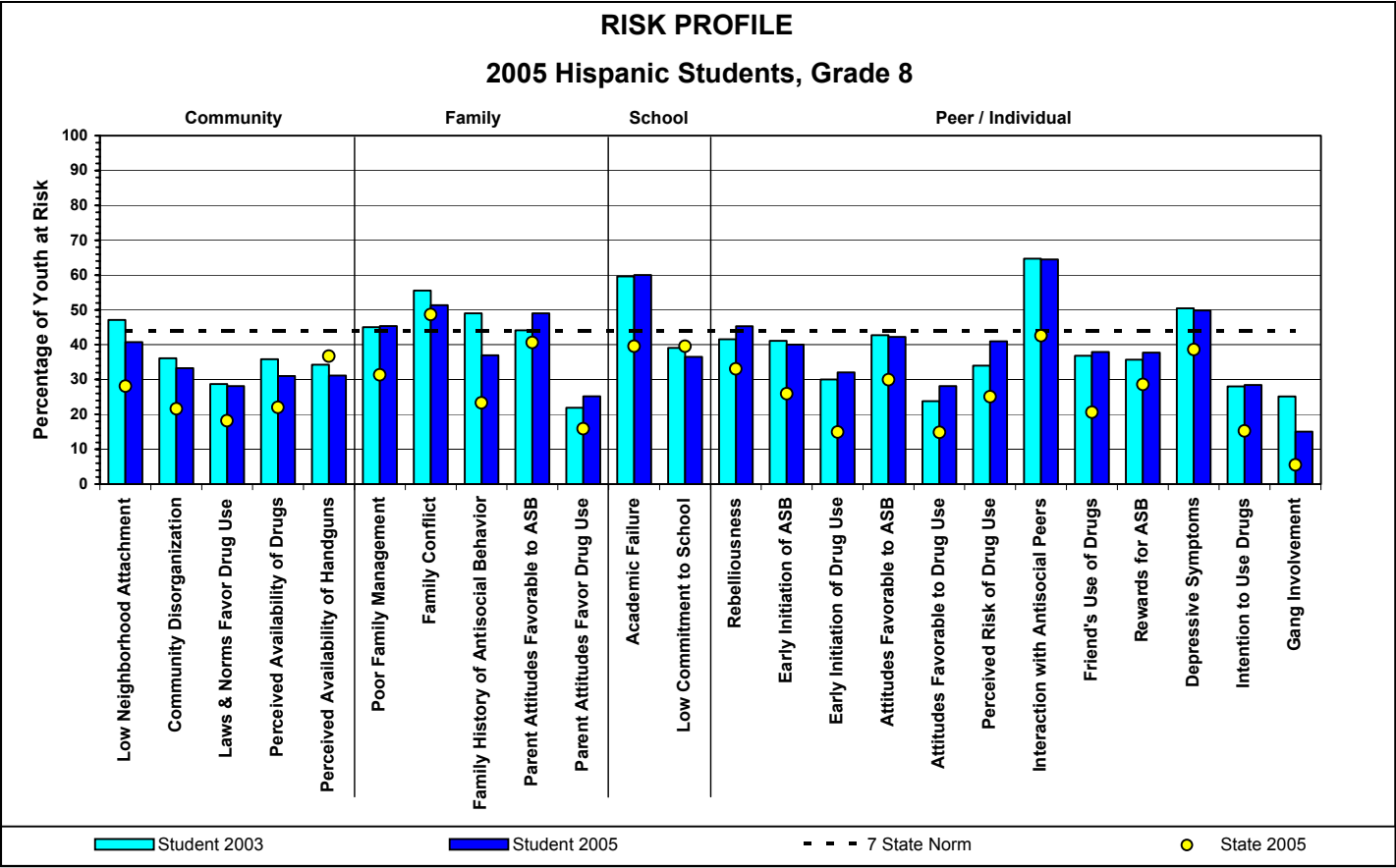


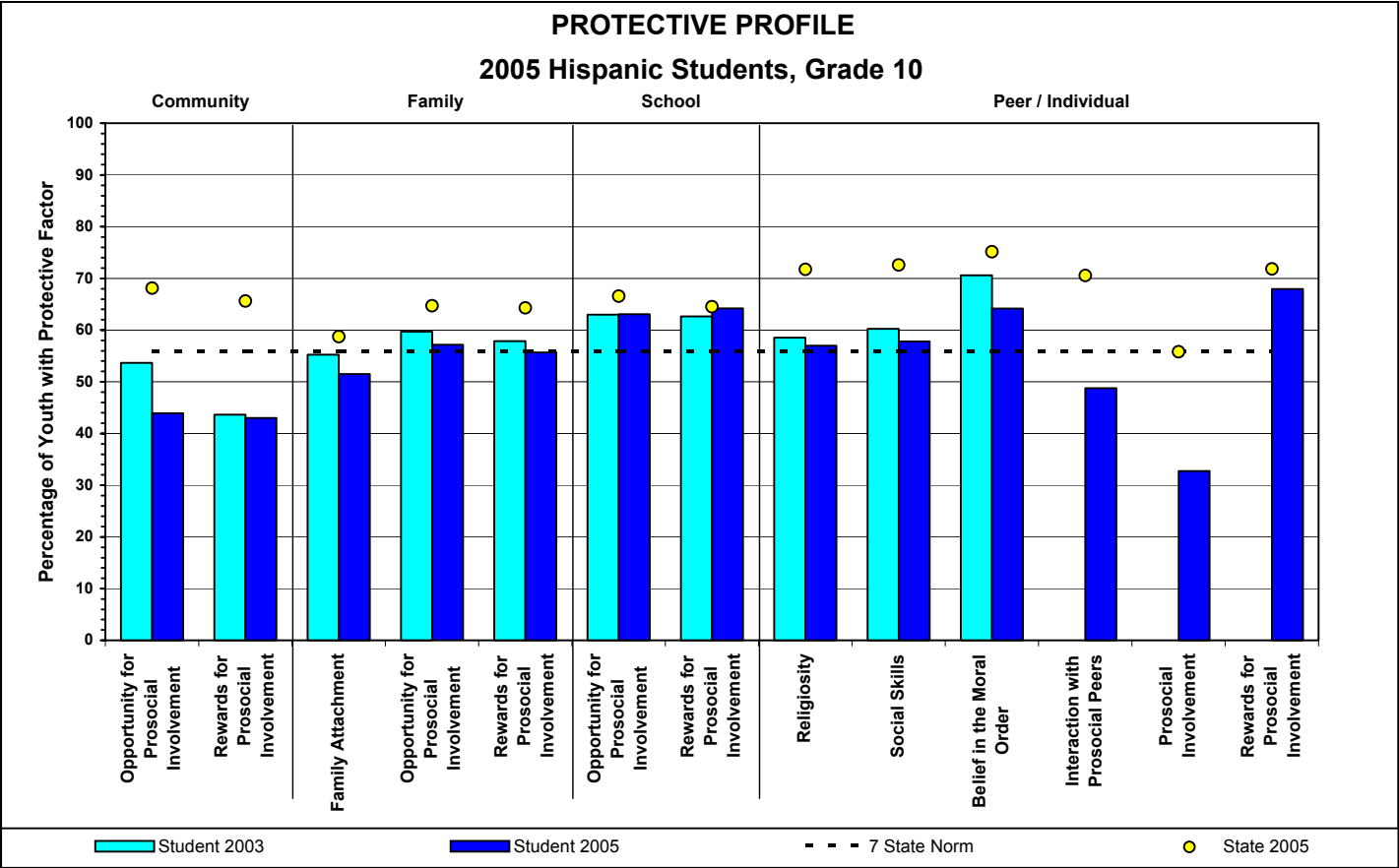
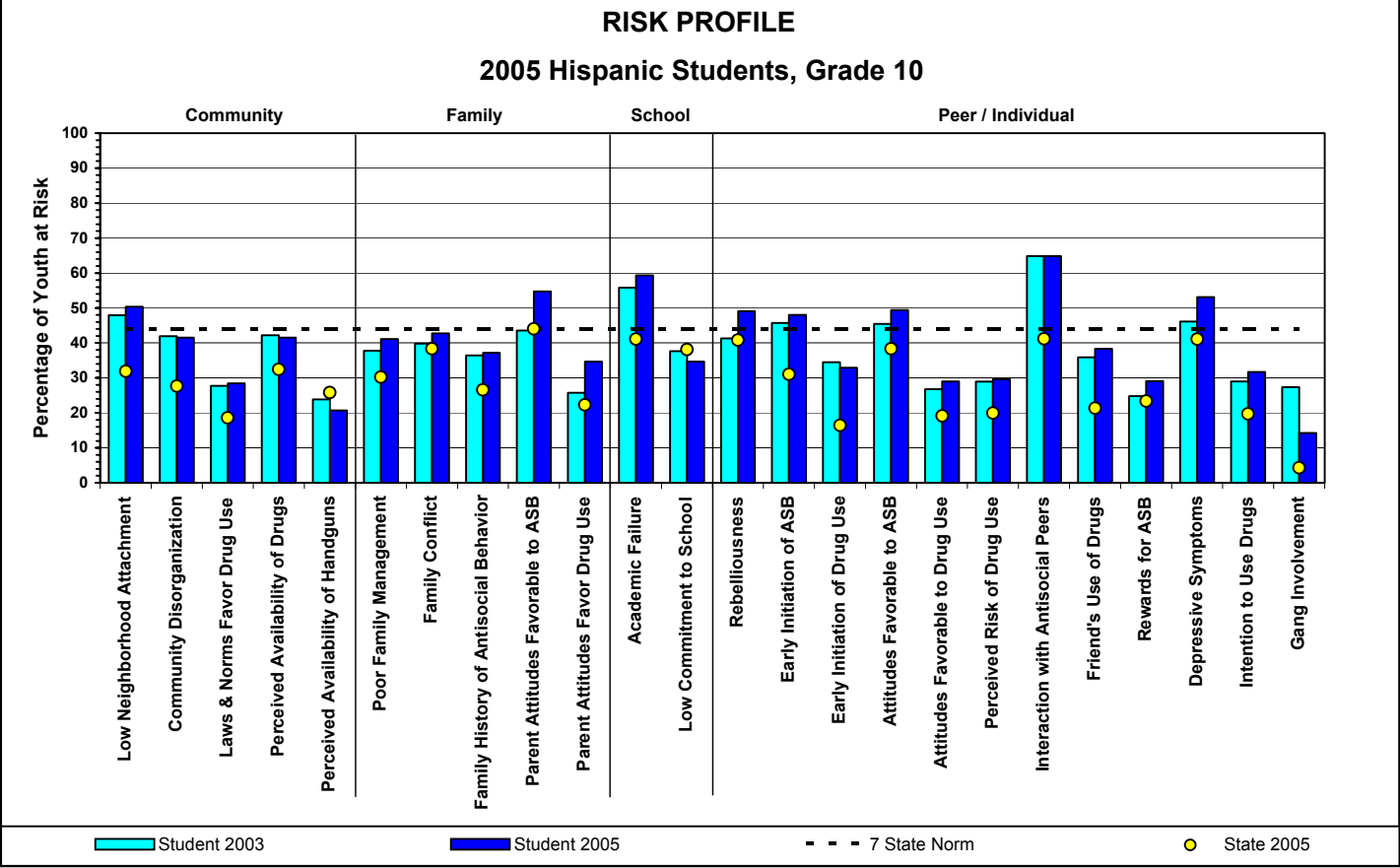
ATOD USE AND ANTISOCIAL BEHAVIOR

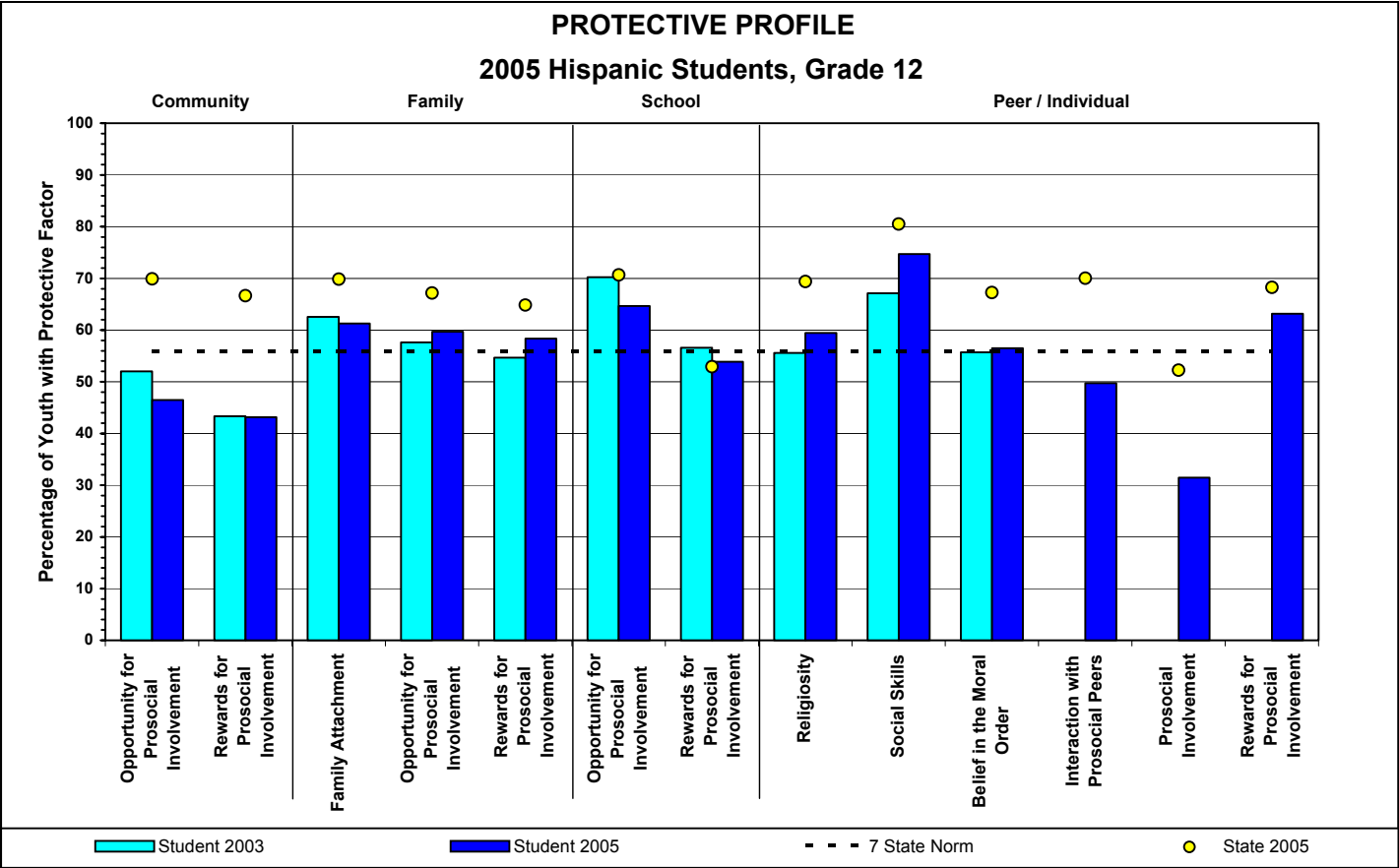
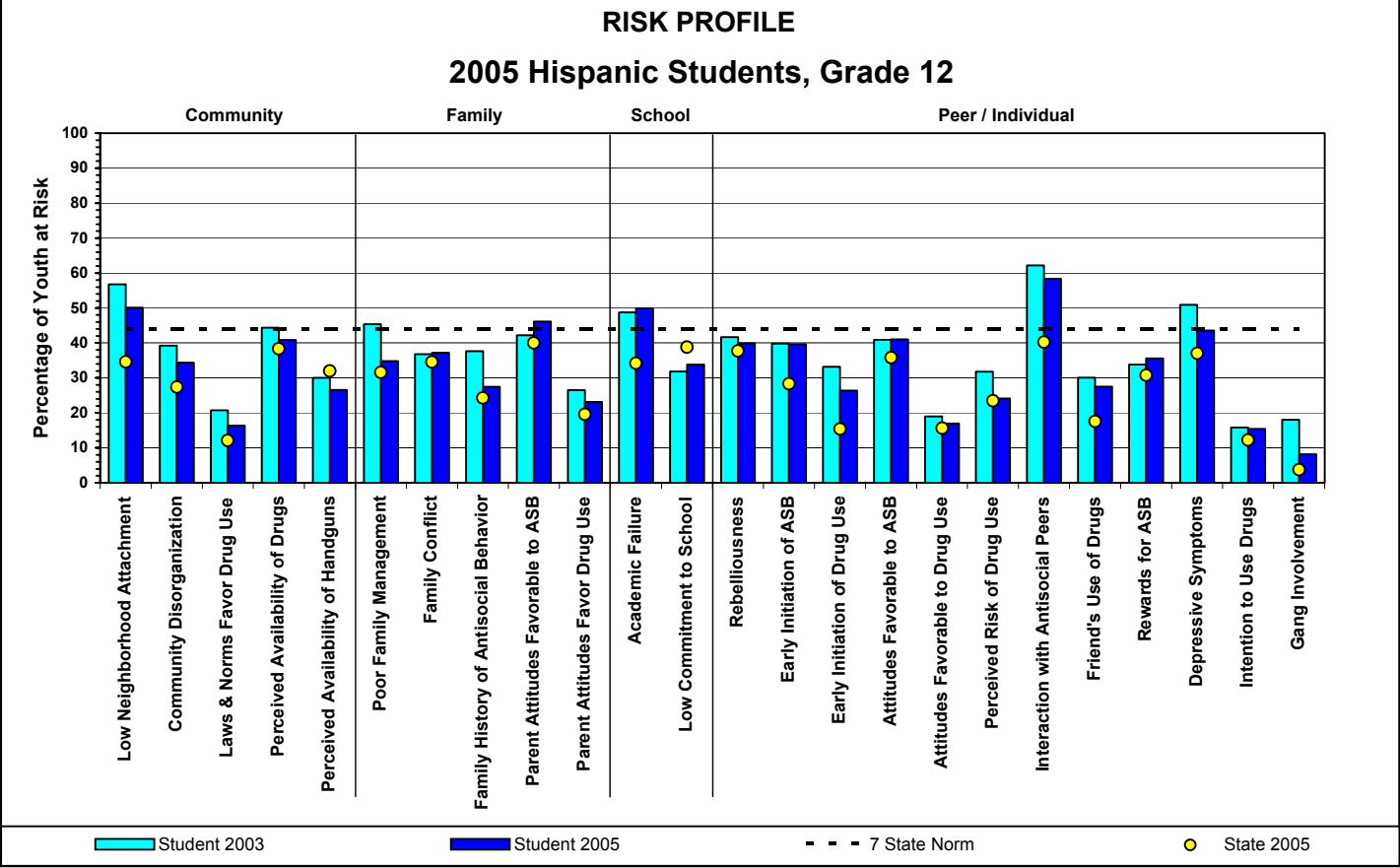
2005 Hispanic Students, Grade 12











Risk and Protective Factors

The Risk and Protective Factor Model of Substance Abuse Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior. Research on risk and protective factors has important implications for prevention efforts.

The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem.

By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

The chart below shows the links between the 16 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

YOUTH AT RISK	PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of drugs and firearms	✓	✓			✓
Community laws and norms favorable toward drug use, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

Practical Implications of the PNA

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Prevention Needs Assessment Survey presented in this report can help your school and community comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

School and Community Improvement Using PNA Survey Data

How do I decide which intervention(s) to employ?

- Strategies should be selected based on the risk factors that are high in your community and the protective factors that are low.
- Strategies should be age appropriate and employed prior to the onset of the problem behavior.
- Strategies chosen should address more than a single risk and protective factor.
- No single prevention program offers the complete solution.

An isolated prevention program does not provide the complete solution to reducing youth problem behaviors.
A comprehensive prevention strategy addresses ATOD use, antisocial behavior, and risk and protective factors.

How do I know whether or not the intervention was effective?

Participation in the bi-annual administration of the survey provides trend data necessary for determining the effectiveness of the implemented intervention(s) and also provides data for determining any new efforts that are needed.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why Conduct the Prevention Needs Assessment Survey?

Data from the Prevention Needs Assessment Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your school and community make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors appear to be higher than you would want?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
 - o Which substances are your students using the most?
 - o At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
 - o Which behaviors are your students exhibiting the most?
 - o At which grades do you see unacceptable behavior levels?

How to decide if a rate is “unacceptable.”

- **Look across the charts** – which items stand out as either much higher or much lower than the other?
- **Compare your data with statewide, and national data** – differences of 5% between local and other data are probably significant.
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for 30% of high school seniors to drink alcohol regularly even when the statewide percentage is 40%?

Use these data for planning.

- **Substance use and antisocial behavior data** – raise awareness about the problems and promote dialogue
- **Risk and protective factor data** – identify exactly where the community needs to take action
- **Promising approaches** – access resources listed on the last page of this report for ideas about programs that have proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low

MEASURE

Risk Factors
Protective Factors
Substance Use
Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Table 2. Risk and Protective Factor Scale Definitions

<i>Community Domain Risk Factors</i>	
<i>Community Disorganization</i>	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
<i>Low Neighborhood Attachment</i>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<i>Laws and Norms Favorable Toward Drug Use</i>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
<i>Perceived Availability of Drugs and Handguns</i>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
<i>Community Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<i>Family History of Antisocial Behavior</i>	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<i>Family Conflict</i>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
<i>Parental Attitudes Favorable Toward Antisocial Behavior & Drugs</i>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<i>Poor Family Management</i>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems
<i>Family Domain Protective Factors</i>	
<i>Family Attachment</i>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
<i>Opportunities for Positive Involvement</i>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<i>School Domain Risk Factors</i>	
<i>Academic Failure</i>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
<i>Low Commitment to School</i>	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

Table 2. Risk and Protective Factor Scale Definitions (Continued)	
<i>School Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors
<i>Peer-Individual Risk Factors</i>	
<i>Early Initiation of Antisocial Behavior and Drug Use</i>	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
<i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i>	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
<i>Friends' Use of Drugs</i>	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
<i>Interaction with Antisocial Peers</i>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<i>Perceived Risk of Drug Use</i>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<i>Rewards for Antisocial Behavior</i>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<i>Rebelliousness</i>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<i>Intention to Use ATODs</i>	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
<i>Depressive Symptoms</i>	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
<i>Gang Involvement</i>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<i>Peer-Individual Protective Factors</i>	
<i>Religiosity</i>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<i>Social Skills</i>	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
<i>Belief in the Moral Order</i>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<i>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement with Prosocial Peers</i>	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.

Table 3. Number of Students Who Completed the Survey

Number of Youth	Grade 6			Grade 8			Grade 10			Grade 12		
	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005
	686	1425	13702	503	1244	13014	329	948	11558	229	568	8253

Table 4. Percentage of Students Who Used ATODs During Their Lifetime

Drug Used	Grade 6			Grade 8			Grade 10			Grade 12		
	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005
Alcohol	25.8	21.7	12.3	46.8	46.6	24.5	58.7	64.2	35.3	64.4	64.1	40.0
Cigarettes	9.8	12.3	6.0	28.4	26.7	13.8	34.2	39.9	20.7	41.7	39.8	25.0
Chewing Tobacco	2.3	2.9	1.5	7.1	7.0	3.5	8.7	7.4	5.8	12.9	9.4	8.1
Marijuana	2.4	2.5	1.2	18.3	16.6	7.2	32.7	29.4	16.8	35.5	32.9	23.1
Inhalants	8.7	11.5	9.8	19.9	16.7	13.8	17.7	16.7	12.8	11.3	9.7	9.5
Hallucinogens	0.0	1.1	0.5	2.1	2.7	1.4	3.7	4.6	3.5	7.2	5.2	5.4
Cocaine	0.8	1.0	0.4	4.2	3.6	1.5	5.9	7.8	2.7	5.4	5.9	4.5
Stimulants	0.9	1.9	0.6	3.6	3.2	1.9	4.3	6.8	4.7	5.4	5.4	5.7
Sedatives	4.6	3.6	3.5	9.8	9.7	7.0	16.2	14.3	12.0	16.3	13.6	13.8
Heroin or Other Opiates	0.3	0.5	0.1	1.7	1.6	0.8	1.9	2.5	1.7	1.8	1.4	2.9
Ecstasy	0.8	0.7	0.2	3.0	2.1	1.2	6.9	5.7	2.5	6.8	4.1	4.4
Any Drug	14.9	15.5	13.6	33.6	30.1	20.7	44.8	40.2	27.4	43.8	40.1	30.3

Table 5. Percentage of Students Who Used ATODs During the Past 30 Days

Drug Used	Grade 6			Grade 8			Grade 10			Grade 12		
	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005
Alcohol	3.3	4.6	2.1	18.2	17.8	9.3	27.5	29.0	15.7	33.9	28.6	20.5
Cigarettes	0.9	1.7	0.8	6.4	4.9	2.8	9.0	9.0	6.0	14.7	10.4	8.0
Chewing Tobacco	0.9	1.0	0.5	2.8	2.6	1.3	3.1	2.3	2.4	6.4	3.4	3.0
Marijuana	0.9	0.7	0.4	9.2	7.9	3.0	11.5	11.6	7.4	15.5	10.5	9.5
Inhalants	2.9	5.7	3.8	8.4	7.4	5.3	3.4	3.6	3.1	2.3	2.1	1.6
Hallucinogens	0.2	0.5	0.2	0.4	1.2	0.6	0.9	1.4	1.0	3.2	0.7	1.5
Cocaine	0.3	0.6	0.2	2.3	1.1	0.5	1.6	1.6	0.7	0.9	1.4	1.6
Stimulants	0.2	1.0	0.2	1.3	1.2	0.8	1.6	2.6	2.1	1.8	2.1	1.8
Sedatives	1.8	1.9	1.3	4.2	4.6	3.1	6.5	6.1	5.4	5.9	4.1	5.1
Heroin or Other Opiates	0.2	0.5	0.1	0.4	0.4	0.3	0.9	0.4	0.3	0.9	0.0	0.9
Ecstasy	0.2	0.3	0.1	0.8	1.0	0.4	1.6	1.3	0.6	1.4	0.7	1.1
Any Drug	6.3	8.8	5.6	17.7	16.2	9.8	19.4	18.1	13.3	19.5	16.0	14.0

Table 6. Percentage of Students With Heavy Use of Alcohol and Cigarettes

Drug Used	Grade 6			Grade 8			Grade 10			Grade 12		
	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005
Binge Drinking	2.9	5.6	1.7	14.3	14.8	5.7	17.0	19.7	9.7	26.4	17.7	13.3
1/2 Pack of Cigarettes/Day	0.2	0.3	0.0	0.4	0.4	0.3	0.6	0.8	0.8	0.9	1.3	1.3
Needs Alcohol Treatment	n/a	0.4	0.3	n/a	4.0	2.2	n/a	10.7	6.0	n/a	11.8	8.6
Needs Drug Treatment	n/a	0.5	0.2	n/a	4.1	2.0	n/a	7.9	5.5	n/a	9.5	6.4
Needs Alc/Drug Treatment	n/a	0.8	0.5	n/a	6.8	3.4	n/a	15.2	8.8	n/a	16.2	11.5

Table 7. Percentage of Students With Antisocial Behavior in the Past Year

Behavior	Grade 6			Grade 8			Grade 10			Grade 12		
	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005
Suspended from School	9.6	10.6	6.3	20.3	24.0	10.8	18.9	20.4	8.8	12.9	10.4	5.2
Drunk or High at School	2.1	3.1	1.7	13.2	12.0	5.5	22.2	20.8	11.4	19.1	16.3	12.8
Sold Illegal Drugs	0.6	0.4	0.2	4.5	3.9	1.6	8.6	6.1	4.2	10.3	7.4	5.0
Stolen a Vehicle	1.6	2.6	1.4	5.1	4.9	2.3	5.8	5.0	2.9	4.9	3.9	1.4
Been Arrested	2.2	2.9	1.7	10.0	8.7	3.9	9.8	10.8	6.1	11.2	6.7	5.2
Attacked to Harm	10.1	12.6	8.7	21.3	16.5	10.5	16.2	16.9	10.6	15.8	13.6	7.9
Carried a Handgun	2.5	3.3	4.0	5.9	4.9	4.3	4.9	4.8	3.8	6.3	4.1	3.8
Handgun to School	0.6	0.6	0.3	1.0	0.6	0.4	0.3	1.8	0.5	2.2	1.2	0.6

Table 8. Percentage of Students Reporting Protection

Protective Factors	Grade 6			Grade 8			Grade 10			Grade 12		
	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005
Community Domain												
Opportunity for Prosocial Involvement	59.0	42.6	62.1	57.9	46.2	69.4	53.6	43.9	68.1	52.0	46.5	69.9
Rewards for Prosocial Involvement	51.9	46.4	60.6	37.1	34.6	56.8	43.6	43.0	65.6	43.3	43.1	66.7
Family Domain												
Family Attachment	63.3	58.5	68.8	55.6	50.0	63.7	55.3	51.5	58.7	62.6	61.3	69.8
Opportunity for Prosocial Involvement	68.3	64.0	72.7	68.9	61.3	70.7	59.7	57.2	64.7	57.6	59.7	67.1
Rewards for Prosocial Involvement	58.3	55.3	64.8	61.8	59.4	71.7	57.8	55.6	64.3	54.6	58.3	64.8
School Domain												
Opportunity for Prosocial Involvement	58.6	55.8	54.8	59.2	60.3	61.3	63.0	63.0	66.6	70.2	64.7	70.7
Rewards for Prosocial Involvement	68.9	66.5	62.5	51.1	52.6	52.7	62.6	64.2	64.5	56.6	53.9	52.9
Peer-Individual Domain												
Religiosity	60.2	59.6	72.5	62.8	55.4	71.8	58.5	57.0	71.8	55.6	59.4	69.4
Social Skills	72.8	68.2	80.0	66.1	59.1	76.8	60.2	57.8	72.6	67.1	74.7	80.5
Belief in the Moral Order	64.3	57.7	73.5	58.2	54.8	72.7	70.6	64.2	75.1	55.7	56.5	67.3
Interaction with Prosocial Peers	n/a	49.2	63.0	n/a	44.7	65.0	n/a	48.8	70.6	n/a	49.7	70.0
Prosocial Involvement	n/a	43.1	53.8	n/a	33.6	52.6	n/a	32.7	55.8	n/a	31.4	52.3
Rewards for Prosocial Involvement	n/a	61.7	69.1	n/a	63.1	69.8	n/a	68.0	71.8	n/a	63.1	68.2

Table 9. Percentage of Students Reporting Risk

Risk Factors	Grade 6			Grade 8			Grade 10			Grade 12		
	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005	Student 2003	Student 2005	State 2005
Community Domain												
Low Neighborhood Attachment	45.5	48.6	34.6	47.1	40.8	28.1	47.9	50.4	31.9	56.8	50.1	34.6
Community Disorganization	33.1	37.7	26.2	36.1	33.3	21.6	41.9	41.5	27.7	39.2	34.4	27.4
Laws & Norms Favor Drug Use	26.5	31.0	26.7	28.8	28.2	18.2	27.7	28.5	18.6	20.8	16.4	12.1
Perceived Availability of Drugs	22.6	21.5	18.8	35.8	31.0	22.1	42.2	41.5	32.5	44.3	40.8	38.3
Perceived Availability of Handguns	17.0	16.7	22.6	34.3	31.2	36.7	23.9	20.7	25.8	30.0	26.6	31.9
Family Domain												
Poor Family Management	35.5	39.0	30.1	45.0	45.4	31.3	37.8	41.1	30.2	45.4	34.8	31.5
Family Conflict	42.3	41.1	39.9	55.6	51.4	48.7	39.9	42.8	38.4	36.8	37.2	34.6
Family History of Antisocial Behavior	39.4	31.7	23.8	49.0	37.0	23.3	36.4	37.2	26.5	37.6	27.4	24.3
Parent Attitudes Favorable to ASB	31.3	37.5	30.7	44.2	49.0	40.6	43.5	54.8	44.0	42.2	46.1	40.0
Parent Attitudes Favor Drug Use	10.6	11.8	8.5	21.9	25.2	15.9	25.7	34.7	22.3	26.5	23.1	19.6
School Domain												
Academic Failure	55.1	56.0	40.4	59.6	60.0	39.6	55.8	59.4	41.1	48.7	49.9	34.2
Low Commitment to School	30.4	33.0	38.8	39.1	36.5	39.5	37.7	34.7	38.2	31.9	33.8	38.8
Peer-Individual Domain												
Rebelliousness	51.6	55.9	47.3	41.6	45.3	33.1	41.3	49.1	40.8	41.7	39.9	37.7
Early Initiation of ASB	22.2	25.3	19.2	41.1	40.0	26.0	45.7	48.0	31.0	39.8	39.6	28.3
Early Initiation of Drug Use	26.5	26.1	15.6	30.0	32.0	15.0	34.5	32.9	16.4	33.2	26.4	15.4
Attitudes Favorable to ASB	41.4	39.2	31.2	42.7	42.3	29.9	45.4	49.4	38.3	40.9	41.1	35.9
Attitudes Favorable to Drug Use	20.5	20.0	10.9	23.8	28.1	14.9	26.7	29.0	19.1	19.0	17.0	15.6
Perceived Risk of Drug Use	28.9	35.5	21.8	34.0	41.0	25.1	29.0	29.6	19.9	31.8	24.2	23.4
Interaction with Antisocial Peers	37.9	44.3	30.2	64.7	64.5	42.6	64.8	64.8	41.2	62.2	58.3	40.3
Friend's Use of Drugs	21.9	22.2	13.4	36.8	37.9	20.7	35.9	38.3	21.4	30.1	27.5	17.6
Rewards for ASB	21.4	22.8	18.5	35.7	37.7	28.6	24.8	29.1	23.4	33.8	35.6	30.7
Depressive Symptoms	42.2	48.4	35.8	50.4	49.8	38.6	46.1	53.1	41.1	50.9	43.6	37.0
Intention to Use Drugs	35.0	32.9	22.2	28.1	28.5	15.3	29.0	31.7	19.7	15.8	15.4	12.3
Gang Involvement	14.9	9.8	4.8	25.2	15.1	5.6	27.4	14.2	4.3	18.1	8.2	3.8

Contacts for Prevention

Utah Division of Substance Abuse and Mental Health

Craig L PoVey, Program Manager
120 North 200 West #209
Salt Lake City, Utah 84103
801-538-4354
CLPoVey@utah.gov

Brenda Ahlemann, Research Consultant
bahlemann@utah.gov
120 North 200 West
Salt Lake City, Utah 84103
801-538-3939
<http://hsdsa.utah.gov>

Utah State Office of Education

Verne Larsen
Coordinator, At Risk Services
250 East 500 South
Salt Lake City, Utah 84111
801-538-7583
vlarsen@usoe.ut.us

Utah Department of Health

Heather Borski
Tobacco Prevention and Control Program
P.O. Box 142106
Salt Lake City, UT 84114-2106
801-538-9998

CSAP's WesternCAPT

Western Regional Center for the Advancement of Prevention Technology
Noreen Hammond Heid, M.P.A.
Utah Coordinator
orenh@haaga.com
Utah Coordinator
668 So. 600 East
Salt Lake City, UT 84145-0500
801-532-6001
<http://captus.samhsa.gov/western/western.cfm>

Prevention Online

<http://www.health.org>

Center for Substance Abuse Prevention

<http://prevention.samhsa.gov/>

Safe and Drug-Free Schools and Communities

U.S. Department of Education
Office of Elementary and Secondary Education
400 Maryland Ave., SW
Washington, DC 20202
202-260-2812
<http://www.ed.gov/offices/OESE/SDFS/>

Monitoring the Future

Survey Research Center
1355 Institute for Social Research
P.O. Box 1248
Ann Arbor, MI 48106
<http://monitoringthefuture.org>

National Survey on Drug Use and Health

<http://www.oas.samhsa.gov/newpubs.htm>

Regional Contacts

Bear River Planning District

Jill Parker
Bear River Health Dept.
655 E. 1300 North
Logan, UT 84341
435-792-6518
Email: jrparker@utah.gov

Central Planning District

Margaret Pruitt
Central Utah Counseling Center
PO Box 357
Delta, UT 84624
435-864-3073
Email: margaretp@cucc.us

Davis Planning District

Brandon Hatch
Davis County Mental Health
904 S. State
Clearfield, UT 84015
801-776-6303
Email: brandonh@dbhutah.org

Four Corners Planning District

Richard Mainord
Four Corners Behavior Health
PO Box 867
Price, UT 84501
435-637-2358
Email: rmainord@fourcorners.ws

Northeastern Planning District

Paris Anderton
Northeastern Counseling Center
1140 West 500 South
Vernal, UT 84078
435-789-6334
Email: parisa@nccutah.org

Salt Lake Planning District

Jeff Smart
Salt Lake County Gov't Center
2001 S. State Suite S-2300
Salt Lake City, UT 84190
801-468-2042
Email: jlsmart@slco.org

San Juan Planning District

Leslie Wojcik
San Juan Counseling
356 S. Main
Blanding, UT 84511
435-678-3262
Email: lwojcik@sanjuancc.org

Southwest Planning District

Allen Sain
Southwest Center
245 East 680 South
Cedar City, UT 84720
435-867-7622
Email: asain@swcbh.com

Summit Planning District

Paul Charpentier
Valley Mental Health
1753 Sidewinder Drive
Park City, UT 84060
435-649-8347 Ext 207
Email: paulc@vmh.com

Tooele Planning District

Julie Spindler
Valley Mental Health
100 South 1000 West
Tooele, UT 84074
435-843-3538
Email: julies@vmh.com

Utah County Planning District

Pat Bird
Utah County Div. of Substance Abuse
151 South University Avenue Suite 3200
Provo, UT 84606
801-851-7126
Email: PATBLUCADM@state.ut.us

Wasatch Planning District

Trudy Brereton
Heber Valley Counseling
55 South 500 East
Heber, UT 84032
435-657-3227
Email: tbrereton@co.wasatch.ut.us

Weber Planning District

Paula Price
Weber Human Services
237 26th Street
Ogden, UT 84401
801-625-3674
Email: paulap@weberhs.org

State of Utah Program Manager

Craig PoVey
Division of Substance Abuse & Mental Health
120 North 200 West #209
Salt Lake City Utah, 84103
801-538-4354
Email: clpovey@utah.gov

This Report Was Prepared for the State of Utah, by Bach Harrison L.L.C.

R. Steven Harrison, Ph.D.
R. Paris Bach-Harrison, B.F.A.
Taylor C. Bryant, B.A.